

Summary of Draft DI Recommendations

The Disability Insurance Working Group (DIWG) was convened by the Bipartisan Policy Center in 2014. The group includes members with a variety of backgrounds and viewpoints, including academics, policy researchers, advocates for people with disabilities, representatives of the business community, and former congressional and agency staff. Working Group members share an urgent concern to address the impending exhaustion of the Social Security Disability Insurance (SSDI) Trust Fund and to improve the SSDI program to better meet the needs of Americans with disabilities. While Working Group members disagree about whether significant problems exist within the SSDI program, as well as potential solutions, there is shared recognition that a bipartisan approach will be necessary to address program solvency and that there are ways in which the program could be improved. The group's charge was to find areas of common ground to address program financing, specifically, and program improvement, more broadly. The group met numerous times over the course of the past year and discussed a multitude of topics related to the SSDI program, including (but not limited to) program design, operations, beneficiaries served by the program, interaction with other programs that serve SSDI beneficiaries (such as SSI and Medicaid), and efforts to maintain workforce attachment.

1. Improve Work Incentives
 - a. For dually eligible beneficiaries only, replace the "cash cliff" with a \$1-for-\$2 benefit offset beginning at \$700 of earnings; establish continued program attachment (including Medicare) except in the case of medical improvement.
 - b. For all beneficiaries, establish electronic earnings reporting, quarterly benefit adjustments, and allow SSA up to 6 months to adjust benefits due to overpayments if earnings reports were timely and accurate.
2. Emphasize Continuation of Benefits is Contingent on Lack of Medical Improvement; Pilot New Approaches to Facilitate Return-to-Work
 - a. Indicate the medical improvement standard clearly in award letters.
 - b. Guarantee timely CDRs through cap adjustments and appropriations.
 - c. Experiment with additional communications to beneficiaries about available work supports.
 - d. Test making return-to-work benefits available to beneficiaries for one year after their benefits are terminated due to medical improvement.
 - e. Provide transition support for beneficiaries whose benefits are terminated due to medical improvement.
 - f. Establish a voluntary partial disability benefit pilot for new entrants and existing SSDI beneficiaries who attempt work.
 - g. Implement a new organizational structure to manage pilots
 - i. Establish an Office of Disability Work-Incentive Programs and Pilots that is located within the office of the SSA Commissioner or the Principal Deputy Commissioner and is responsible for all DI-related work-incentive operations. Reinstatement demonstration authority to SSA.
 - ii. Establish an SSDI Pilot Review and Oversight Committee. Require Committee review before pilot implementation begins.
 - iii. Evaluate every pilot upon conclusion. Both the SSA Commissioner and the Pilot Review and Oversight Committee would issue evaluations and recommendations for the agency and Congress.

3. Improve Interagency Coordination on Workforce Attachment and Pilot New Approaches to Help People with Disabilities Stay at Work and Return to Work
 - a. Establish a Workforce Attachment Venture Investment (WAVI) Board, composed of officials from Labor, Education, HHS, and SSA.
 - b. Provide \$400 million in seed funding for workforce-attachment pilots to be selected and monitored by the WAVI board.
 - c. Scale up demonstrably effective interventions with coordinated, interagency efforts.
4. Evaluate the Vocational Grid
 - a. Provide SSA with a specific appropriation for the purposes of evaluating the efficacy and performance of the medical-vocational grid.
 - b. Examine whether and to what extent additional factors (other than age, education and work experience), such as functioning in the workplace, should be incorporated into this step of the determination process.
 - c. SSA should complete this review by 2020, propose adjustments to this stage of the evaluation process, and propose regulations to implement without delay.
5. Implement reforms to improve SSA program integrity and program operations.
 - a. Enact several provisions related to criminal and civil penalties.
 - b. Authorize and provide funding for SSA to expand Cooperative Disability Investigation units to additional states.
 - c. Allow SSA to suspend claimant representatives who have been disbarred, suspended, or convicted of a crime.
 - d. Require collection of proven fraudulent payments.
 - e. Pilot, in one region, the establishment of a national corps of medical and vocational consultants to provide assistance at all levels of the eligibility determination process.
 - f. Establish a five-year pilot in up to five states to test ways to improve the process of obtaining complete evidence for the record at the DDS level.
 - g. Convert to a web-based system for signing representatives onto cases by 2018.
 - h. Send notices for ALJ hearings at least 60 days before the scheduled hearing date and strongly encourage claimants to submit all relevant evidence at least five days before the hearing.
 - i. Authorize and direct the Appeals Council to proactively conduct post-effectuation reviews of decisions from ALJs with unusually high or low approval rates, and provide additional funding for this purpose so that the Appeals Council backlog is not increased.
 - j. The Appeals Council is already authorized to conduct quality reviews of certain aspects of the determination process, such as to determine if a particular program rule is being applied correctly. Provide additional funding for the Appeals Council to conduct additional quality reviews without increasing the backlog.
 - k. The interagency working group on ALJ hiring should identify any statutory and regulatory barriers to streamlining this process, and Congress and the administration should then take action to address these barriers.
 - l. Clarify existing policy and provide additional training to DDS examiners on the Medical Improvement Review Standards (MIRS) and its exceptions, which in limited situations, allow a finding that disability ceased without showing that medical improvement occurred.
6. Ensure Trust Fund Solvency
 - a. Enact a reallocation; no agreement as to length, but should be done in coordination with the pilots and other policies described above.